

OR

(I) THE PATIENT IF THE PATIENT IS A COMPETENT INDIVIDUAL;

(II) IF THE PATIENT IS INCAPABLE OF MAKING AN INFORMED DECISION, A HEALTH CARE AGENT OR SURROGATE DECISION MAKER AS AUTHORIZED BY THIS SUBTITLE; AND

~~(2) ANY ADVANCE DIRECTIVE OF AN INDIVIDUAL, THE PATIENT IF THE PATIENT IS INCAPABLE OF MAKING AN INFORMED DECISION; AND~~

~~(3) THE DECISIONS OF A HEALTH CARE AGENT OR SURROGATE DECISION MAKER AS AUTHORIZED BY THIS SUBTITLE.~~

~~(C) THE "PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT PATIENT'S PLAN OF CARE" FORM:~~

~~(1) MAY BE COMPLETED BY A HEALTH CARE PROVIDER UNDER THE DIRECTION OF AN ATTENDING PHYSICIAN;~~

~~(2) IF THE ATTENDING PHYSICIAN HAS A REASONABLE BASIS TO BELIEVE THAT THE "PATIENT'S PLAN OF CARE" FORM SATISFIES THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION, SHALL BE SIGNED BY THE ATTENDING PHYSICIAN; AND~~

(3) SHALL BE SIGNED BY:

(I) THE PATIENT IF THE PATIENT IS A COMPETENT INDIVIDUAL;

OR

(II) IF THE PATIENT IS INCAPABLE OF MAKING AN INFORMED DECISION, A HEALTH CARE AGENT OR SURROGATE DECISION MAKER AS AUTHORIZED BY THIS SUBTITLE;

(4) IF SIGNED BY THE PATIENT IN ACCORDANCE WITH ITEM (3)(I) OF THIS SUBSECTION, SHALL INCLUDE CONTACT INFORMATION FOR THE PATIENT'S HEALTH CARE AGENT;

(5) IF SIGNED BY A HEALTH CARE AGENT OR SURROGATE DECISION MAKER IN ACCORDANCE WITH ITEM (3)(II) OF THIS SUBSECTION, SHALL INCLUDE CONTACT INFORMATION FOR THE HEALTH CARE AGENT OR SURROGATE DECISION MAKER;

(6) SHALL BE DATED;

(7) SHALL INCLUDE A STATEMENT THAT THE FORM MAY BE REVIEWED, MODIFIED, OR RESCINDED AT ANY TIME;

(8) SHALL DESIGNATE UNDER WHICH CONDITIONS THE FORM MUST BE REVIEWED OR MODIFIED, INCLUDING PROMPTLY AFTER THE PATIENT BECOMES INCAPABLE OF MAKING AN INFORMED DECISION; AND